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	. Ho beison	Application Number	10/791,351	S II UISOR	avs a valid OWB control number	
TRANSMITTAL		Filing Date	March 1, 2004			
FORM		First Named Inventor	Henry Cai			
(to be used for all correspondence after initial	filing)	Art Unit	2875			
		Examiner Name	Not yet assigned			
Total Number of Pages in This Submission		Attorney Docket Number	B002-8200			
	ENCI	LOSURES (Check all that	t apply)	<del></del>		
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Change of Correspondence Address  Extension of Time Request  Information Disclosure Statement  Cop, Number of CD(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53						
	TURE C	F APPLICANT, ATTORN	EY, OR AGENT			
Firm or Individual name  Wang, Hartmann & Gibbs Erick P. Wolf, Reg. No. 55  Signature						
Date September 10, 2004						
C	ERTIFIC	ATE OF TRANSMISSION	I/MAILING			
I hereby certify that this correspondence is be sufficient postage as first class mail in an enthe date shown below.	eing facsi velope ad	mile transmitted to the USPTO or dressed to: Commissioner for Pal	deposited with the tents, P.O. Box 145	United S 0, Alexa	States Postal Service with Indria, VA 22313-1450 on	
Typed or printed name Faiza Anwar, Paralegal						
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	Application Number	10/791,351					
	Filing Date	03/01/2004					
	First Named Inventor	Henry Cai					
	Titie	Browser-Based Web Site					
	Art Unit	2875					
	Examiner Name	Not yet assigned					
•	Attorney Docket Number	B002-8200					

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<b>✓</b>	Practitioner(s) named bel	low:						
	. Name Registration Number							
	Franklin E. Gibbs		-		44,709			
	Erick P. Wolf				53,787			
	Larry E. Severin				54,606			
as my Trade	our attorney(s) or agent(s) mark Office connected the	<ul> <li>to prosecute the application identified arewith.</li> </ul>	above, and to	tra	nsact all business in t	he Ur	nited States Patent and	i
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✓	Firm or Individual Name	Wang, Hartmann & Gibbs						
	Address	1301 Dove Street, Suite 1050						
	Address							
	City	Newport Beach	Stat	е	CA	Zip	92660-2812	
	Country	United States						
	Telephone	949.833.8483	Fax		949.833.2281			
I am	ine: Applicant/Inventor.							
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)								
Name	Henry Cal							
Signature								
Date Au 3/, 2008 Telephone 949-261-6888								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
<b>✓</b>	*Total of 2	forms are submitted.						

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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

	s it displays a valid OMB control number.
Application Number	10/791,351
Filing Date	03/01/2004
First Named Inventor	Henry Cai
Art Unit	2875
Examiner Name	Not yet assigned
Attorney Docket Number	B002-8200

I hereby revoke all previo	ous powers of attorney given in t	he above	-identified applic	cation.		
A Power of Attorney is submitted herewith.						
OR  I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  OR						
Firm or Individual Name	Wang, Hartmann & Gibbs					
Address	1301 Dove Street, Suite 1050					
Address						
City	Newport Beach	State	CA	Zip	92660-2812	
Country	United States					
Telephone	949.833.8483	Fax	949.833.2281			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Henry Cal						
Signature						
Date   fig. 3/ 2004   Telephone   949:26/6888						
NOTE: Signatures of all the Liventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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Application Number	10/791,351
Filing Date	03/01/2004
First Named Inventor	Henry Cai
Art Unit	2875
Examiner Name	Not yet assigned
Attorney Docket Number	B002-8200

l hereby revoke all previous p	powers of attorney given in th	e above	identified applic	ation.		
✓ A Power of Attorney is submitted herewith.						
OR  I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:						
Firm or Wang Individual Name	ng, Hartmann & Gibbs					
Address 1301	1 Dove Street, Suite 1050					
Address						
City Newp	/port Beach	State	CA	Zip	92660-2812	
Country Unite	ed States					
Telephone 949.8	.833.8483	Fax	949.833.2281			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Fan Luo						
Signature audi						
Date Aug. 31, 2004 Telephone 949 26/6888						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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10/791,351
03/01/2004
Henry Cai
Browser-Based Web Site
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Not yet assigned
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I hereby a	appoint:						
Pri	Practitioners associated with the Customer Number:						
OR		<del></del>					
<b>√</b> Pra	actitioner(s) named be	low:					
		Name			Registrati	ion Number	
Fr	ranklin E. Gibbs				44	,709	
E	rick P. Wolf				53	,787	<u> </u>
Lā	arry E. Severin				54	,606	
as my/ou Tradema	r attorney(s) or agent(s	s) to prosecute the application identified erewith.	above, ar	nd to tra	ansact all busine	ess in the Unit	ed States Patent and
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OR	?					J	
$\checkmark$	Firm or Individual Name	Wang, Hartmann & Gibbs					
Ad	ldress	1301 Dove Street, Suite 1050					
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Cit	ty	Newport Beach		State	CA	Zip	92660-2812
	ountry	United States					
	lephone	949.833.8483		Fax	949.833.2281		
I am the:	: Applicant/Inventor.						
		the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SBA	96)				
SIGN	ATURE of Applicant of	or Assignee of Record (if assignee, put	t name, ti	tle and	company name	in the "Name	e" space below)
Name	Fan Luo						
Signature	Signature all all all all all all all all all al						
Date		fug 3/, 200/			Telephone	e 949 2	2616888
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
7		forms are submitted.					

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